As to the site of incision in the cases of gunshot-wound, it seemed to him that where there is only one wound, and this well to one side of the median line, it is preferable to make the incision in this site rather than in the median line, but where there are several wounds one must rely on the median incision.

In the second case a perforation in the descending colon or sigmoid was overlooked, and he did not see how this could have been discovered unless there had been added to the primary wound another on the left side of the abdomen. This question is one of considerable importance, as the responsibility of overlooking a gunshot-wound of the intestine is not lightly to be taken.

Regarding the technic of suture of small wounds there is a little difference of opinion. Some surgeons think a purse-string causes too much narrowing.

The question of drainage depends somewhat on one's predilections. The importance of posterior drainage in gunshot-wounds of the stomach has been pointed out by Roswell Park. In cases of gunshot-wound of the cardiac end of the stomach, such as the one here reported, anterior drainage will probably often suffice.

ACUTE CARCINOMA OF BREAST.

Dr. William L. Rodman presented a woman, 45 years of age, who had been the subject of acute cancer of the mammary gland, the second he had encountered of this very rare affection.

Her history is as follows: Her mother is living at seventy years, her father died at seventy-two. None of four sisters had mammary tumors. She has had but one child, who is now nineteen years old. She never had abscess of the breast.

In January, 1908, she noticed a marked retraction of the nipple of her left breast. The entire breast then began to enlarge and she very soon noticed that the greatest enlargement was in the axillary hemisphere. There was, however, no distinct tumor. In short, the process was a diffused, not a discrete one. About three years ago she accidentally struck this breast while getting out of the window. In March, 1908, she consulted one of the surgeons in one of the most prominent hospitals of this city, and a diagnosis of mastitis was made. If her condition in March was at all similar to what it was early in September, the mistake in diagnosis can easily be understood.

When first seen by Dr. Rodman the gland was vividly red and covered by an eczematous eruption. Indeed, it closely simulated mammary abscess. A careful examination of the supraclavicular glands showed unmistakably enlargement of both chains. He could not believe that such enlargement was sympathetic and inflammatory, and therefore believed it to be acute cancer. Notwithstanding this, he took the precaution, as he always did in cases admitting of a doubt, to have a competent microscopist present at the operation; and the entire breast was not sacrificed until the examination of a frozen section confirmed the diagnosis. The report showed it to be medullary carcinoma. After the breast was entirely removed and the specimen carefully examined, it was shown that there were small deposits of pus throughout the gland. There was extensive carcinomatous infiltration throughout the glandular structure.

Dr. Rodman said that at first he hesitated as to whether or not operation was indicated because of its acute course and the involvement of the supraclavicular lymphatic glands. Certainly, nothing short of a most radical procedure was indicated. This was carried out the next day and the subclavicular triangle was also attacked and cleared of enlarged glands and fat. The finger would be carried behind the clavicle from the wound above to the one below it. In spite of a very large wound he was able by extensive undermining of the flaps, to approximate their edges and secured primary union in both wounds.

She made an excellent recovery and was sitting up in forty-eight hours; but two weeks had elapsed since the operation, but she was well enough to be presented before the Academy.

He presented the case with the hope that others would report any cases of acute cancer in their practice, meaning by the term cases not only more than ordinarily rapid in their course, but so closely simulating mastitis as to have warranted the name by so good a surgeon and pathologist as Volkmann, who described it as "carcinomatous mastitis." In other words, there is no local or discrete growth in a part of the gland, but a general carcinomatous infiltration. He had seen quite a number of cases of both sarcoma and carcinoma occur in pregnant and lactating women. While such cases pursue at times a very rapid course, the patients he had seen had not, strictly speaking, acute cancer, as there were wanting inflammatory symptoms, the diag-

nosis was always plain enough, and only one of them simulated mastitis. Acute cancer is somewhat more likely to occur in the breasts of pregnant and lactating women, undoubtedly; but to warrant the term "acute cancer" there must be inflammatory symtoms simulating mastitis. In other words, a diffused, not a discrete lesion.

Billroth reports a case where the tumor appeared in the breast five weeks before delivery, and the patient died one day after a normal labor. So that in less than six weeks from the beginning of the disease the patient was dead.

In the first case that he saw, many years ago, in Louisville, Kentucky, the patient, a pregnant woman, never lived to be confined, but died within three months after the beginning of the growth.

Dr. John H. Gibbon said that within the past few months he had seen two cases of acute carcinoma of the breast as described by Dr. Rodman. The first case was in Dr. Le Conte's service at the Pennsylvania Hospital. She was a young woman, had recently been confined, and the entire right breast was red, hard and brawny. It looked very much like an extensive mastitis. The second case he saw with Dr. E. P. Davis. She was a woman about 35 years of age and seven months pregnant at the time. The breast in this case was very large, red and indurated; the entire breast was involved. This condition started last May, and the patient died a week or two ago. No operation was done in this case, as the growth was too extensive at the time that consent to operate was given. Dr. Davis did a Cæsarean section in order to save the child, and the mother died about two or three weeks later as the result of the extension of her disease. This breast looked exactly like an infiltrating abscess of the breast, excepting that there were no soft areas.

Dr. Edward B. Hodge said that he would add to the history of Dr. Gibbon's first case just mentioned. The patient was a rather young woman, not over thirty. She was pregnant and she is now coming to his service at the Out-patient Department of the Pennsylvania Hospital with a granulating area. She has pain in her back, low down, and about the pelvis, which looks as if she might have a recurrence in the spine. Her pregnancy is over. Her general condition is poor.

Dr. Charles F. Nassau said that a patient came to him

from New Jersey, who is at the Jefferson Hospital at the present time, with a breast tumor which has existed for eight or ten weeks. It was so acute, pained her so much, and had this redness that Dr. Rodman speaks of, and looked so like an abscess that her doctor had opened it for an abscess, but she had very extreme and extensive involvement of the axillary glands in her subscapular fossa, and the growth had attached itself to the ribs and sternum. This whole process had made its appearance very rapidly. He did not think it had been more than ten weeks since the patient was perfectly well. Her physician thought she had an abscess, but one which he acknowledged he could not cure, and suggested the removal of the breast.

DR. WILLIAM J. TAYLOR said that he had had one instance of acute scirrhus of the breast in a young woman of 24 years. She was seen only a few weeks after the tumor appeared. At operation there was very extensive involvement of the axillary glands, and in six months she was dead from a recurrence.

DR. RODMAN added that in case of acute cancer of the mammary gland both breasts are often involved. The right breast in the case presented is absolutely free of disease. There has been in most of the recorded cases of acute scirrhus a certain amount of purulent infiltration of the gland. In some there has been a well marked abscess, as in the case of S. W. Gross. Vivid redness and thickening of the skin, together with an eczematous eruption here and there, well justified Volkmann's name, "carcinomatous mastitis."

As regards the case presented he did not feel optimistic as to the ultimate result.

STRANGULATED INGUINAL HERNIA.

DR. WILLIAM L. RODMAN reported the case of a man, 55 years of age, who was brought into his service at the Medico-Chirurgical Hospital at 8 P.M., October 20, 1908, with a well-marked strangulated hernia. He had had a right inguinal hernia for years, which was controlled ordinarily by a truss. The hernia, however, had come down in the afternoon, and at 5 o'clock he was taken with severe pain. He was then unable to reduce the tumor. He was admitted to the hospital at about 8 o'clock. He had not vomited, nor had he had nausea at any time. The tumor was very tense. The operation was done and